U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 23696	2. Fiscal Year Covered From:		
	7/7/09 Through: 72/37/09		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Robert 5 Gilbert 50	Name UFCW Local 911		
2	Labor Organization File Number 570-189		
P.O. Box, Bldg., Room No., if any PO Box 966	P.O. Box, Building and Room Number, if any P.O. Dox 966		
Street 7441 International Or.	Street 7441 Futernational Dr.		
city Holland	City Holland OH		
State OH ZIP Code +4 43528	State 0 + ZIP Code + 4 935 2 8		
5. Position in labor organization.  Representative			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).  Name			
	7.a. Nature of Interest, Transaction, or Income.		
Name	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4	7.a. Nature of Interest, Transaction, or Income.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4  Sign  15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		